| AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Ream eQI! PE | | | | | | Docket No. 112703-201 | | |
|--|--------------------------|----------------|----------|--|---|--------------------------|------------------------|--|
| Serial No. 10/044,113 | OF FERITA TOTAL | | | Examiner Sharon Lee Howard | | | Group Art Unit 1615 | |
| Invention: OVER-COATED PRODUCT INCLUDING CONSUMABLE CENTER AND MEDICAMENT | | | | | | | | |
| TO THE COMMISSIONER FOR PATENTS: | | | | | | R | RECEIVED | |
| Transmitted herewith is an amendment in the above-identified application. FEB 2 6 2004 The fee has been calculated and is transmitted as shown below. | | | | | | | | |
| | | CLAIMS A | S AM | IENDED | | | | |
| | CLAIMS REMAINING | HIGHEST # | | NUMBER EXTRA | | RATE | ADDITIONAL | |
| | AFTER AMENDMENT | PREV. PAID FOR | ₹ | CLAIMS PRESENT | | | FEE | |
| TOTAL CLAIMS | 35 - | | : | 0 | | \$18.00 | \$0.00 | |
| INDEP. CLAIMS | 2 - | 6 = | : | 0 | x | \$86.00 | \$0.00 . | |
| Multiple Depender | nt Claims (check if appl | licable) | | | | | \$0.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | | \$0.00 | |
| No additional fee is required for amendment. □ Please charge Deposit Account No. in the amount of □ A check in the amount of to cover the filing fee is enclosed. ☑ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1818 ☑ Any additional filing fees required under 37 C.F.R. 1.16. ☑ Any patent application processing fees under 37 CFR 1.17. | | | | | | | | |
| Robert M. Barret BELL, BOYD & I P.O. Box 1135 | Feb. 17, 2004 | | with the | ee is being deposited on U.S. Postal Service as first nd is addressed to the | | | | |

Chicago, IL 60690-1135 (312) 807-4204

for Patents, P.O. Box 1450, ALexandria, VA 22313-1450.

Signature of Person Mailing Correspondence

Renee Street

Typed or Printed Name of Person Mailing Correspondence